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ABSTRACT

The Portland (Oregon) Plan for Drug-Free Schools was so well-accepted in its first year that it was expanded from six middle schools in 1987-88 to all middle schools in the Portland Public Schools in 1988-89. The program was originally implemented in grades 6-12, with a special focus on six middle schools. The goals are the following: (1) develop a comprehensive drug and alcohol prevention counseling program and materials; and (2) promote cooperative prevention partnerships among administration, staff, parents, public/private agencies, and community leaders. The two components of the plan consist of direct services to six middle schools, and district-wide technical assistance to improve the quality of services and support groups. Services are targeted to students who are themselves substance abusers or who are children of alcoholics or drug-affected families, and to at-risk students. Evaluation methods included a Stages of Concern questionnaire for facilitators, observation of support groups, and interviews with project staff and school administrators. The findings of the evaluation include suggestions for improving some areas of the program. Statistical data are included on twelve tables and three graphs. A brief bibliography is also included. The appendices include the following: (1) Risk Factors for Substance Abuse; (2) Stages of Concern Questionnaire; (3) School Counselor Alcohol/Drug Interview Questionnaire Summary Responses; (4) Parent Contact Log and Agency Contact Log; and (5) Alcohol/Drug Discipline Policies. (FMW)

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1987-88 Evaluation Report

PORTLAND PLAN FOR DRUG-FREE SCHOOLS

IN THE PORTLAND PUBLIC SCHOOLS

Research and Evaluation Dept.
Portland Public Schools
Portland, Oregon
Walter E. Hathaway, Director

Stephanie Mitchell

October 1988

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EVALUATION OF

THE PORTLAND PLAN FOR DRUG-FREE SCHOOLS

October 1987 - September 1988

by

Stephanie Mitchell
Department of Research and Evaluation
Portland Public Schools

October, 1988

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ADMINISTRATIVE SUMMARY

PORTLAND PLAN FOR DRUG-FREE SCHOOLS PROJECT
1987-88

Cost of Program: $142,443
Number of Staff: 3.5 F.T.E.
Sites: Middle and High Schools
6 target middle schools

Average Cost Per Site: $23,740
Funding Sources: 92% Grant, 8% PPS
Locations: Beaumont, Fernwood, George, Gregory Heights, Mt. Tabor, Whitaker

The Portland Plan for Drug-Free Schools is a comprehensive prevention program for high-risk middle school students. The program was implemented in grades 6-12, with a special focus in six middle schools in the Madison, Franklin/Marshall, Grant/Benson, and Roosevelt clusters from October 1, 1987 to September 30, 1988.

The goals of the project are to promote drug-free schools by: 1) developing a comprehensive drug and alcohol prevention program and materials for high-risk middle school students, and 2) promoting cooperative prevention partnerships among administration, staff, parents, public/private agencies, and community leaders.

Toward this end, the staff developed three curriculum training manuals for dissemination. The curriculum manuals outline the content and guidelines for facilitating support groups for a variety of student groups. The Portland Plan experiences are aimed at impacting students' affective behavior, as well as integrating cognitive information and life skills. The experiences taken together form a school-based prevention program based on sound principles of the disease of addiction, and the individual in the family system and in school.

The Portland Plan program has two components: 1) direct services to six middle schools and 2) districtwide technical assistance to improve the quality of services and support groups. Program services are provided to students in three high-risk categories: Children of Alcoholics (COA) or Drug-Affected Families, Insight/Personal Change, and Recovery. During 1987-88, 1083 students in the six target middle schools received individual and/or group counseling and educational prevention classes to support drug-free lifestyles.

Results from the project's first year indicate that the program implemented an extensive prevention program that was well-accepted by the schools. The program was expanded from six schools in 1987-88 to all middle schools in 1988-89 with the support of a new District plan. Based on the outcomes, it is recommended that the Portland Plan for Drug-Free Schools program be continued and that:

1) The Alcohol and Drug Program establish procedures for assessing in-session change in students, e.g., the check-in process which begins group sessions might be used as an end of session check-out to measure in-session change.

2) The Alcohol and Drug Program establish guidelines for facilitating support groups and provide training in basic group facilitation skills.

3) Continued efforts be made to increase student and parent involvement in referral, assessment, and follow-up activities.

4) Student participation in the Portland Plan program be documented over time to determine the longitudinal impact of program participation.

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INTRODUCTION

Alcohol and drug abuse continue to have serious negative effects on Portland's youth. One response to this challenging problem is the Portland Plan for Drug-Free Schools Project, a comprehensive prevention program for high-risk middle school students in the Portland Public Schools. The program served students in grades 6-12, with a special focus at six middle schools in the Madison, Franklin/Marshall, Grant/Benson, and Roosevelt clusters. The Portland Plan Project was funded by a U. S. Department of Education grant and implemented in the schools from October 1, 1987 to September 30, 1988.

The Coordinator of the District's Alcohol and Drug Program requested the Research and Evaluation Department to prepare a formative evaluation report describing the Portland Plan for Drug-Free Schools Project. The purpose of this report is to provide a detailed analysis and description of the project and to inform the funding source of program progress. The report will also disseminate the evaluation findings to the Board of Education, the Director of Grants Management, and the Coordinator of the Alcohol and Drug Program as an aid in decision making regarding the operation of the program.

In documenting the program, information was collected from the Portland Public Schools' Student Referral Database, Portland Plan documents and materials, interviews with the Portland Plan and Alcohol/Drug program staff in the participating schools, and direct observations of student and staff activities. A "Portland Plan Change Facilitator Stages of Concern" survey questionnaire was also administered to participating staff in December 1987 and June 1988.

PROGRAM DESCRIPTION

The Portland Plan for Drug-Free Schools Project is a supplemental drug and alcohol program providing support services aimed at preventing chemical use among high risk middle school students. The Portland Plan program has two components: 1) direct services to six middle schools and 2) districtwide technical assistance in middle schools and high schools to improve the quality of alcohol and drug services and support groups. Table 1 on the next page displays the key features of the program.

Table 1

KEY FEATURES OF THE PORTLAND PLAN FOR DRUG-FREE SCHOOLS
October 1, 1987 - September 30, 1988

PROGRAM NAME	PROGRAM LOCATION	GRADES SERVED	STUDENTS SERVED	NUMBER OF STAFF	1987-88 BUDGET	SOURCE OF FUNDS	KEY FEATURES OF THE PROJECT
Portland Plan for Drug-Free Schools Director: Marilyn Richen 280-5794 District Specialist: Judy Chambers School Specialists: Diana Counce Luke Saporito Samuel Wade	All Middle Schools and High Schools in Portland Public Schools Portland, OR Six middle schools were targeted: Beaumont Fernwood George Gregory Heights Mt. Tabor Whitaker	Grades 6 - 12	Total Served in six target middle schools: 1083 students Total served in support groups: 300 students Total referred for assessment: 40 students	3.5 Total FTE: .5 District Specialist 1 FTE School Specialist at Beaumont/George 1 FTE School Specialist at Greg.Hghts/Mt. Tabor 1 FTE School Specialist at Fernwood/Whitaker	$142,443	$132,301 U.S. Dept. of Education $10,142 PPS	1. The Portland Plan developed a comprehensive prevention program for high-risk middle school students and promoted cooperative involvement among school and community agencies. 2. The district and school-based staff initiated support groups to provide information and support to students in alcohol and drug affected families. 3. Program developed 3 training manuals to guide facilitator activities with COA, Recovery, and Insight groups. 4. This project served 1083 students in the six target middle schools in individual counseling and support groups.

This program differs from the District's existing Alcohol/Drug Program in that it targets six schools for drug-free student counseling services, aims to increase parent involvement in drug prevention, and provides districtwide support services to high schools and middle schools. Services were provided to students in three categories: Children of Alcoholics (COA) or Drug-Affected Families, Insight or Personal Change, and students in Recovery.

Program Goals

The Portland Plan for Drug-Free Schools program had two major goals:

- To promote drug-free schools through the development of a comprehensive program and materials aimed at high-risk students.
- To promote drug-free schools through cooperative efforts of school administration and staff, parents, public and private civic leadership, community treatment and youth-serving agency representatives, students, and local law enforcement officials.

Program Characteristics

Organization - The Portland Plan began in October 1987 serving students in grades 6-12 and targeting high-risk students in six middle schools. The District's Alcohol and Drug Coordinator directed the program. The program developed individual/group counseling and drug-free education/prevention services for students who appeared to be at-risk of chemical use. Students were referred to support groups by teachers, counselors, or could self-select into the class. Support groups were conducted during regularly scheduled class periods and led by one or two group facilitators. Group sizes ranged from 4-15 students, with an average of 7-8 students per group. Some groups were single sex, others were co-ed. Some groups were conducted with sixth, seventh, and eighth graders, but usually sixth graders were grouped apart from the older students.

Staffing - The Drug-Free Schools grant provided four new staff specialists in alcohol and drug prevention: one district specialist (.5 FTE) and three school specialists (3 FTE). The District Specialist worked with the director to coordinate and implement all aspects of the prevention program at 31 high schools and middle schools. Each program site offered six

services: identification/referral, prevention, COA groups, Personal Change classes, Recovery groups, and staff development. The District Specialist provided technical assistance to all middle schools and high schools on chemical use concerns, monitored program activities, conducted districtwide training in substance abuse issues, and facilitated program improvement by raising consciousness of weaknesses and offering tips to better practice. She co-facilitated high school and middle school support groups, did model teaching, developed curriculum training materials and resources, met regularly with the Alcohol and Drug Consortium and the City of Portland Youth Gang Task Force, and wrote three training manuals to guide service delivery with the target student groups. The role of the District Specialist in supporting program implementation was a key factor in the positive acceptance of the program in the schools.

The three school specialists provided direct services to middle school at-risk students. Each school specialist was assigned half time to two middle schools. Specialists were assigned to individual students by the school counselor and were responsible for providing: 1) individual counseling and small group support with students, 2) intensive education and follow-up services with parents, 3) training in alcohol and drug abuse prevention with school faculty, and 4) coordination with community treatment programs. The specialists met weekly with the school alcohol/drug Core Team for decisionmaking on student services.

Budget and Sources of Funding - Funding for 1987-88 was $142,443; $132,301 was provided by a U.S. Department of Education grant and $10,142 was from Portland Public Schools.

Population Served - The target population of the Portland Plan was 300 high-risk middle school students at Beaumont, Fernwood, George, Gregory Heights, Mt. Tabor, and Whitaker middle schools. These schools were selected because of the large number of at-risk students and because they were among the first in the District to develop substance abuse prevention programs. Student participation was voluntary. The student referral process involved teachers, counselors, student management specialists, and the students themselves. Students were identified based on 12 risk factors identified by Hawkins and Catalano (1985) as reasons for early adolescent substance abuse (appendix A).

Three major categories of individual and group counseling were developed for at-risk students: 1) groups for Children of Alcoholics (COA) or Drug-Affected Families, 2) Insight or Personal Change classes, and 3) Recovery groups. The COA groups are designed for children of alcoholics or drug-affected families. The groups discuss alcohol and drug use, its effects, and related problems while encouraging students to learn drug-free coping skills, prevention strategies, and how to resist peer pressure. The Insight or Personal Change class focuses on students who appear to be at-risk or in the early stages of chemical use. This class uses education, awareness, student behavior contracts for sobriety or non-use during the class, and decisionmaking in determining next steps to support a drug-free lifestyle. The Recovery group provides in-school support, life skills, sober peer group, and self-esteem to students who have been or are currently involved in alcohol/drug treatment programs.

Student participants in the Portland Plan were 54% female (N=162) and 46% male (N=138). Table 2 displays the ethnicity profile for students by school.

Table 2

Ethnicity of Portland Plan Students
by School, Grades 6-8, 1987-88

SCHOOLS	GEOCULTURAL DESCRIPTORS										TOTAL
	Native American		European American		Afro-American		Asian American		Hispanic American		
	N	%	N	%	N	%	N	%	N	%	N*
Beaumont			39	66%	17	29%	1	2%			59
Fernwood			12	52%	9	39%			1	4%	23
George	2	3%	53	83%	5	8%			2	3%	64
Grg.Hgts.			41	100%							41
Mt.Tabor	3	6%	42	82%	3	6%			2	4%	51
Whitaker	3	5%	23	37%	30	48%	3	5%	2	3%	62
Total	8	3%	210	70%	64	21%	4	1%	7	2%	300

* Missing ethnic data on 7 students.

EVALUATION

The evaluation of the Portland Plan focused on program activities in the six target middle schools. The evaluation intended to document the implementation of the program, describe the nature and extent of student participation in the drug-free schools program, and answer these evaluation questions:

1. What was the nature of the Portland Plan program?
2. To what extent did the Portland Plan achieve its goals and objectives with students, teachers, parents, and community?
3. What were the outcomes of the Portland Plan for Drug-Free Schools program?

Evaluation methods included a Stages of Concern questionnaire, observation of support groups, and interviews with the project director, district and school specialists, counselors, Alcohol/Drug contacts, and principals. The Alcohol and Drug Student Referral Database provided information on student academic and behavior variables, including attendance, grade point average, drug-free progress, reasons for referral, and assessment status.

Facilitator Stages of Concerns

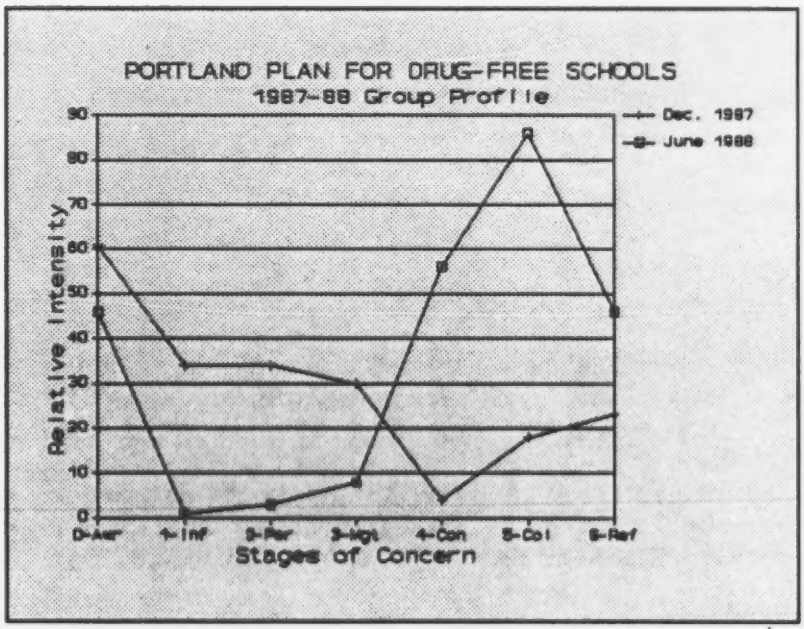
The "Change Facilitator Stages of Concern (CFSoC) Questionnaire" (Appendix B) is a 35-item survey instrument designed to identify the intensity of concerns associated with implementing a new program. The instrument was developed at the Center for Teacher Education, University of Texas-Austin. Data are displayed as a graph and referred to as a profile. The horizontal axis presents a profile for each Stage of Concern: awareness, information, personal, management, consequence, collaboration, and refocusing. The vertical axis shows the relative intensity of concerns about the program, in this case, the Portland Plan for Drug-Free Schools. It should be noted that in this context "concern" refers to a natural developmental pattern which occurs when a change is implemented.

In December 1987 and June 1988, the CFSoC Questionnaire was sent to 14 Portland Plan facilitators, including the project director, district specialist, school specialists,

alcohol/drug contacts and school counselors in the target schools. Eleven questionnaires (79%) were returned at both the pre and post phase.

Figure 1 shows the pretest and posttest profiles for the group. The pretest profile suggests that the group was composed primarily of nonfacilitators with high Stage 0, awareness concerns. This is characteristic of new users of an innovation. The people in this group had probably not yet implemented the program, but were becoming aware of it and were interested in what the program might mean for them. The low intensity of Stage 4, consequence, follows a typical trend noted among leadership personnel. The posttest profile shows the group's dramatic shift in concerns from early users to established facilitators. High Stage 5 concerns, collaboration, are typical of people interested in coordination with others. The posttest profile displays a marked drop in intensity of Stages 0-3, indicating that project personnel had moved to a higher developmental level in their concerns and implementation of the project. In comparing pre and posttest CFSoC profiles, it can be seen that the nonfacilitator profile evident in the pretest alters significantly in the post phase to represent a well-established group of innovation users. The profile shows mature organizational development and implementation of the program.

Figure 1



Activities with Students

The Portland Plan achieved its goal of serving 300 high-risk sixth, seventh, and eighth grade students in the six target schools through individual and group support classes. When students served in other Portland Plan education and prevention activities are included, the total number of middle school students served in all activities was 1083.

COA/Insight/Recovery Support Groups - Table 3 presents a matrix of Portland Plan activities by school. The program conducted 23 COA groups for 188 students, 3 Insight classes for 20 students, and 1 Recovery group for 8 students. Other support groups were offered to 8 students with special learning/behavior needs. A total of 123 individual students were counseled at least once by specialists (for a minimum of 15 minutes), while many of these students also received follow-up sessions. Some of these 123 students also attended support groups. Substance abuse prevention mini-classes were conducted with 13 students; 63 students and staff participated in Natural Helpers training at two sites. Educational prevention activities were conducted with 660 students.

Staff indicated that students who used the Portland Plan counseling services needed help for personal and family problems, followed by those that need help for school problems and grades. Because some of these problems took specialists' time away from chemical use issues, the specialists need to focus on counseling only students at-risk of substance abuse. Schools also need to hone their team skills to better coordinate the referral process among all staff. Interviews with students indicated that they received help, voluntarily returned for follow-ups, rated the counseling highly, and referred other students to the program.

The following letter from a Portland Plan student in a COA support group was sent to a specialist after the student moved to a school without support groups.

> "I think the group is important and should be available for students. It gave me a place to bring out my feelings and talk about things I couldn't talk about before. It let me know I wasn't the only person with an alcohol problem in my family. The group helped my grades because before I started group all my feelings were locked up inside and it bothered me enough so that I couldn't keep up with my studies. But, when I started to get those feelings out, I felt better and could keep my mind on my schoolwork, rather than my problems. It helped alot of kids and that's why I think we should still have group".

Table 3

Matrix of Portland Plan Activities by School

School	Activity	Group Type	No. of Students	Grades	Activity Dates
Beaumont	Girls COA	COA	8	8	November - May
	Parents in Recovery	COA	6	6-8	November - January
	Parents in Recovery	COA	10	6-8	February - May
	Coed SLC-Behavior	Insight	8	6-8	November - May
	Individual Counseling		5	6-7	December - June
	Individual Counseling		25	7-8	November - June
	Educ/Prevention Lunches		100	6-8	November - May
Fernwood	Boys Social Skills	Support	8	6-8	January - April
	Girls (FRESH)	COA	9	6-8	February - June
	Girls (CARE)	COA	9	6-8	February - April
	Mixed COA	COA	10	6-8	April - June
	Boys (HOGS)	COA	9	6-7	February - June
	Prevention Mini-Class		7	6-8	January 7-14
	Prevention Mini-Class		6	6-8	April 18-22
	Individual Counseling		10	6-8	December - June
George	Coed COA	COA	10	6	November - March
	Coed COA	COA	10	7-8	November - March
	Boys At-Risk	Insight	4	6-7	December - May
	Coed COA	COA	10	6	March - May
	Coed COA -	COA	4	8	March - May
	COA Follow-up	COA	4	7	March - May
	Coed At-Risk	Recovery	8	6-8	March - May
	Education classes		80	6-8	January - May
	Individual Counseling		20	6-8	November - June
Gregory Heights	Boys COA	COA	8	7-8	November - June
	Girls COA	COA	7	7-8	November - June
	Drug Insight Group	Insight	8	7-8	April - June
	Individual Counseling		18	6	November - June
	Natural Helpers Group		33	6-8	April - June
Mt. Tabor	COA - Girls	COA	8	7-8	November - June
	COA - Boys	COA	8	6-8	December - March
	COA - Girls	COA	6	7-8	November - June
	COA - Girls	COA	6	7-8	April - June
	Individual Counseling		35	6-8	November - June
	Natural Helpers Group		30	6-8	April - June
	Prevention/Educ. classes		250	6-8	November - June
Whitaker	Coed COA	COA	12	6	January - May
	Coed COA	COA	15	8	April - June
	Problem-solving - Boys	COA	10	7-8	May - June
	Project RETURN *	COA	(10)	6-8	January - June
	Hispanic Support/COA	COA	9	6-8	May - June
	Individual Counseling		10	6-8	December - June
	Say No Max" follow-up		230	6	January - February
	* (Districtwide program, not part of Whitaker program)				
9/10/88	Total		1083 students		

Referrals for Assessment - Students perceived by District staff to be using alcohol/drugs or at-risk of becoming involved with chemicals may be referred for assessment to community alcohol and drug treatment programs. Thus, in Portland, assessment is a path to treatment. Table 4 presents the number of students referred for assessment in Portland Plan middle schools during 1987-88. While the number of assessment referrals was down districtwide in 1987-88, the number of referrals in Portland Plan schools remained relatively stable from 1986-87 to 1987-88, perhaps because of heightened consciousness in these schools of the need for early intervention into the disease cycle. Two schools had an increase in the number of students referred for assessment. The interviews with school counselors and student management specialists (appendix C) suggested the following reasons for the District's decline in referrals for assessment: 1) primary teachers are doing a better job at teaching refusal skills, 2) the availability of on-site counseling makes staff people less likely to refer students, 3) there is more public awareness of the dangers of substance abuse in society, and 4) the problem is less visible in school as students are experimenting with alcohol on weekends. Alcohol/drug Core teams at the target schools noted that unlike 1986-87, students' drug use was down in 1987-88 and thus, the teams decided to focus on prevention and education activities.

Table 4

Portland Plan Referrals for Assessment

School	Referrals for Assessment 1987-88	1986-87	Change
Gregory Heights	16	3	+13
Mt. Tabor	10	2	+ 8
Fernwood	4	8	- 4
Beaumont	2	7	- 5
George	11	17	- 6
Whitaker	4	11	- 7
All Schools	47	48	- 1

Student Referral Database - The Alcohol and Drug Program's Student Referral Database is an excellent model of a microcomputer system used for day-to-day program management and periodic evaluation of a complex educational program. The database is updated twice a year. The following Tables 5 through 9 from the Student Referral Database summarize information on program services and students' progress toward drug-free lives.

Table 5 presents the student referrals by assessment, treatment, and progress report category for the Portland Plan target schools. By the end of the fourth quarter of the 1987-1988 school year, 300 middle school students had been referred to the Portland Plan program. Of these, 293 students had progress report data available on their drug-free status and functioning in school. The progress report asks school staff to indicate: (1) as far as you know, is the student drug and alcohol free? and (2) as far as you know, is the student functioning satisfactorily in school? Portland Plan staff reported that 95% of their students were drug-free and functioning adequately in school.

Table 5

PPS A&D Program
Summary Counts

09\19\88

SUMMARY OF STUDENT REFERRALS BY MIDDLE SCHOOL
for Students Referred between 07/01/87 and 06/30/88
for Portland Plan Schools

	Total Grade Level Referals	Left Distr.	Assessment		Treatment		Progress Reports				
			Report Received	Recommend Treatment	Report Received	Treatment Completed	Report Received	COA	Recovery	Insight	Other
George	64	11	12	6	0	0	62	38	0	3	19
Mt. Tabor	51	6	6	3	0	0	49	20	0	6	44
Beaumont	59	6	2	0	0	0	59	44	0	1	27
Fernwood	23	0	2	1	0	0	21	12	0	0	14
Gregory Heights	41	6	13	7	0	0	40	17	1	10	35
Whitaker	62	2	5	4	0	0	62	51	0	2	20
All Students	300	31	40	18	0	0	293	182	1	22	159

Figure 2 and Table 6 present the grade point averages for Portland Plan students by school in January and June 1988. The graph shows that students in four of the target schools had higher grade point averages in June; student GPAs declined in one school and January data are missing for one school. Longitudinal data for districtwide middle school referred students finds fourth quarter GPAs were 2.25 in 1985-86 and 2.39 in 1986-87. As a comparison, Portland Plan students made GPAs of 2.73 in 1987-88.

Figure 2

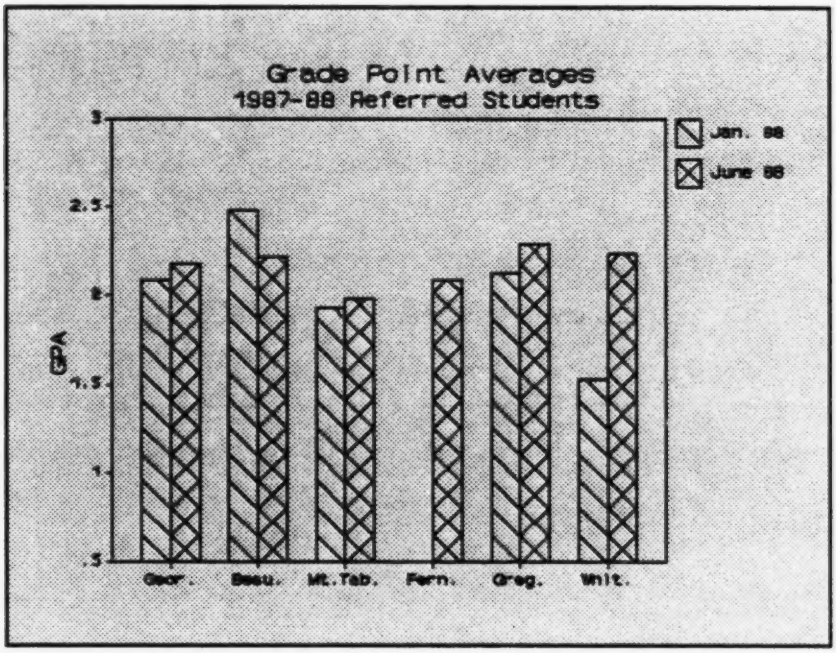


Table 6

Grade Point Averages
1987-88 Referred Students

Schools	2nd Qtr.88	4th Qtr.88
George	2.09	2.18
Beaumont	2.48	2.22
Mt. Tabor	1.93	1.98
Fernwood		2.09
Gregory Heights	2.13	2.29
Whitaker	1.53	2.24

Figure 3 and Table 7 display attendance patterns for Portland Plan students by school in January and June 1988. The data summarize the number of class periods missed per quarter by students participating in the Portland Plan; January data are missing for one school. There is a wide range in the number of classes missed per quarter among the target schools. Student absentee rates are average to high in the schools. While student progress reports indicate that 95% of referred students are functioning adequately in school, research has linked high absentee rates to potential substance abuse problems.

Figure 3

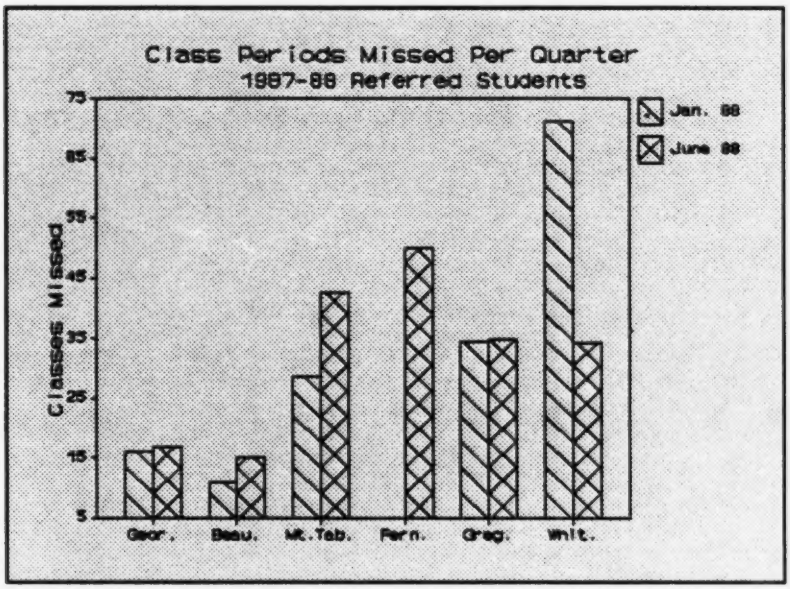


Table 7

Class Periods Missed Per Quarter
1987-88 Referred Students

Schools	2nd Qtr.88	4th Qtr.88
George	15.92	16.82
Beaumont	11.04	15.04
Mt.Tabor	28.69	42.57
Fernwood		50.05
Gregory Heights	34.48	34.78
Whitaker	71.25	34.30

Table 8 presents a profile of reasons for referral of students to the Portland Plan for Drug-Free Schools program. The Assessment Referral Form asks school staff to check a reason for referring students for assessment. Reasons for referral include: self, peers, parents, staff, treatment programs, in lieu of suspension, conditional reinstatement, special education, or other reasons. Ten percent of the program students were referred for assessment by staff and 7% were referred by their parents. Data in this table are duplicated counts of reasons for referral; staff may check as many reasons for referral as are appropriate for a student. Forty students were referred on assessment forms which identify a reason for referral; the other 260 students were identified on student progress reports which do not identify a reason for referral.

Table 8

PPS A&D Program
Summary Reasons

09/09/88

PROFILE OF REASONS FOR REFERRAL
Number of Percent of Students
Referred between 07/01/87 and 06/30/88
for Portland Plan Schools

School	Self	Peer	Parent	Staff	Treat-ment Program	In Lieu of Sus-pension	Condi-tion Reinst.	Spec. Educ.	Other Reason	TOTAL
George										
number	0	1	6	10	0	4	1	0	2	64
percent	.00	1.56	9.38	15.63	.00	6.25	1.56	.00	3.13	
Mt. Tabor										
number	0	0	6	5	0	2	1	0	0	51
percent	.00	.00	11.76	9.80	.00	3.92	1.96	.00	.00	
Beaumont										
number	1	0	0	1	0	1	0	1	0	59
percent	1.69	.00	.00	1.69	.00	1.69	.00	1.69	.00	
Fernwood										
number	0	0	2	3	0	0	0	0	0	23
percent	.00	.00	8.70	13.04	.00	.00	.00	.00	.00	
Gregory Heights										
number	1	0	4	9	0	4	0	0	4	41
percent	2.44	.00	9.76	21.95	.00	9.76	.00	.00	9.76	
Whitaker										
number	1	0	4	4	0	2	2	1	2	62
percent	1.61	.00	6.45	6.45	.00	3.23	3.23	1.61	3.23	
All Students										
number	3	1	22	32	0	13	4	2	8	300
percent	1.00	.33	7.33	10.67	.00	4.33	1.33	.67	2.67	

Table 9 displays a profile of referral indicators for students in the Portland Plan. Student indicators for referral are attendance, peer group, behavior, legal, academic, physical, or home problems. This profile of referral indicators confirms interviews with the middle school counselors which indicated that students most often were referred for problems at home (12%), academics and behavior (11%), or problems with attendance or peer group (9-10%). Data in this table are duplicated counts of referral indicators; staff may check as many indicators as are appropriate for a student. Forty students were referred on assessment forms which identify a referral indicator; the other 260 students were referred on progress reports which do not identify a referral indicator.

Table 9

PPS A&D Program
Profile Indicators

09/09/88

PROFILE OF REFERRAL INDICATORS
Number and Percent of Students
Referred between 07/01/87 and 06/30/88
for Portland Plan Schools

School	Attendance	Peer Group	Behavior	Legal	Academic	Physical	Home	TOTAL
George								
number	9	8	9	1	10	7	11	64
percent	14.06	12.50	14.06	1.56	15.63	10.94	17.19	
Mt. Tabor								
number	6	6	7	1	7	1	8	51
percent	11.76	11.76	13.73	1.96	13.73	1.96	15.69	
Beaumont								
number	3	0	1	1	2	0	2	59
percent	5.08	.00	1.69	1.69	3.39	0.00	3.39	
Fernwood								
number	2	3	3	1	3	2	2	23
percent	8.70	13.04	13.04	4.35	13.04	8.70	8.70	
Gregory Heights								
number	6	9	11	3	9	5	10	41
percent	14.63	21.95	26.83	7.32	21.95	12.20	24.39	
Whitaker								
number	3	2	2	2	3	3	4	62
percent	4.84	3.23	3.23	3.23	4.84	4.84	6.45	
All Students								
number	29	28	33	9	34	18	37	300
percent	9.67	9.33	11.00	3.00	11.33	6.00	12.33	

Discipline - The Portland Plan program cooperated with school staff in implementing disciplinary drug/alcohol policies to ensured that students who use, possess and/or sell illicit drugs and alcohol on school grounds receive the prescribed disciplinary measures. To assess this objective, the evalutor reviewed the District and school discipline policies with staff at the target schools and analyzed school suspensions for alcohol and drug infractions.

The District has established clear disciplinary policies and procedures related to school alcohol and drug use which call for rigorous enforcement. Behavioral expectations and disciplinary actions are described in the District's *Handbook on Student Responsibilities, Rights, and Discipline*. Schools may adopt additional behavioral expectations and three of the six target schools did add local drug and alcohol discipline policies (appendix E).

Table 10 compares the school suspension rates for alcohol and drug infractions in Portland Plan middle schools during 1986-87 and 1987-88. In 1987-88, the number of suspensions for chemical use were the same or lower than the previous year in four of the target schools; one school, Gregory Heights, had a significant increase in the number suspensions for alcohol and drug use.

Table 10

SUSPENSION RATES FOR PORTLAND PLAN MIDDLE SCHOOLS
FOR 1986-87 AND 1987-88

PORTLAND PLAN PROJECT	OCTOBER ENROLLMENT		ALL STUDENTS SUSPENDED		DRUG/ALCOHOL SUSPENSIONS		DRUG/ALCOHOL SUSPEN. RATE	
SCHOOLS	87-88	86-87	87-88	86-87	87-88	86-87	87-88	86-87
Beaumont	878	882	4	6	1	1	.1%	.1%
Fernwood	525	539	60	11	1	5	.2%	.9%
George	443	435	53	31	6	6	1.4%	1.4%
Gregory Hgts.	572	522	33	11	12	2	2.1%	.4%
Mt. Tabor	639	541	40	13	1	0	.2%	.0%
Whitaker	763	841	128	79	12	20	1.6%	2.4%
Total	3818	3560	318	151	33	34	.9%	.9%

Table 11 summarizes the disciplinary actions and causes of suspensions for alcohol and drug infractions in Portland Plan middle schools during 1986-87 and 1987-88. The overall number of suspensions remained the same during the two years. The percentage of suspensions for possession/ownership and use of alcohol/drugs decreased from 91% in 1986-87 to 49% in 1987-88. During 1987-88, the number of suspensions for use/possession of tobacco and other similar offenses increased in the target schools.

Table 11

SUSPENSION RATES FOR DRUG AND ALCOHOL INFRACTIONS
IN PORTLAND PLAN SCHOOLS DURING 1986-87 AND 1987-88

ACTION AND CAUSE	1987-88 N	1987-88 %	1986-87 N	1986-87 %	CHANGE N
SUSPENSIONS					
Use/possession of tobacco	5	15%	2	6%	+3
Possession/ownership and use of drugs/alcohol	16	49%	31	91%	-15
Sale/transfer of drugs/alcohol	1	3%	1	3%	0
Other similar offenses	11	33%	0		+11
TOTAL	33	100%	34	100%	-1

Activities with School Staff

Activities with teachers and school staff had two major components: 1) districtwide technical assistance and support activities to improve the quality of services, and 2) direct services in six middle school to increase staff understanding of substance abuse. Toward this end, the District Alcohol/Drug Specialist provided 20 training sessions in chemical use issues to middle schools, high schools, alternative programs, special education, Project PASS coordinators, and student management specialists. The training topics included assessment referral, the disease process, the individual in the family system, denial, "Here's Looking At You 2000," and consultation on support group facilitation. In addition, she conducted 120 site visits to alcohol and drug programs in 18 middle schools, 10 high schools, and 5 alternative programs. Her expertise in chemical use prevention guided program improvement activities, as well as the development of three curriculum training manuals for school staff. The expertise of the District Specialist in program improvement and staff development was an important factor in the acceptance of the program by school counselors and staff.

To introduce the Portland Plan program to school staff and students, the school specialists were first introduced at staff meetings and then visited the sixth grade classrooms to discuss substance abuse prevention. The specialists conducted awareness presentations for Core teams and staff meetings and provided on-site technical assistance to individual teachers and staff. Teachers regularly turned to the alcohol and drug school specialists for help with students or to talk to students directly. Interviews with the middle school counselors (appendix C) found that they commended the specialists' expertise in alcohol/drug prevention and commented how much they (the counselors) had learned professionally by working with them.

Activities with Parents and Community Agencies

Parent involvement in the identification, assessment, and support for drug treatment of at-risk students is one objective of the Portland Plan program. Over the years of the District's Alcohol and Drug Program, parents in some of the target middle schools have participated less often and in fewer numbers in support services for their children. This year

the Portland Plan hoped to increase communication and follow-up with parents and community drug treatment agencies. Log forms were developed, in cooperation with the project director, to document the number of parent and agency contacts (appendix D). Specialists were asked to record their school, home, agency or telephone contacts and follow-ups. There is a wide range in the number of contacts to parents and community agencies made by the specialists. Some of the school specialists documented their communication and follow-up with parents and community agencies effectively; others did not report parent and agency contacts.

Table 12 presents the number of parent contacts and community agency contacts made by school specialists for all Portland Plan middle school students. Based on the data provided, the cumulative total for all parents directly contacted by the Portland Plan schools during the year was 74 parents or significant others. Coordination with other school programs and community treatment agencies included Project RETURN, special education, and several chemical dependency treatment centers, including Kaiser's Adolescent Chemical Health Program, Alcoholics Anonymous, DePaul Adolescent Treatment, Center for Community Mental Health, Children's Services, Laurelhurst Chemical Dependency Treatment and others. A total of 32 community agencies were directly contacted by Portland Plan staff for resources, materials, referrals for assessment, and treatment support.

Table 12

Summary of Parent and Agency Contacts By School

Portland Plan Middle Schools	No. of Parent Contacts	No. of Agency Contacts
Beaumont	–*	–
Fernwood	–	–
George	11	3
Gregory Heights	21	5
Mt. Tabor	42	8
Whitaker	–	16
All Reporting Schools	74	32

* No data reported.

Other Activities

The Portland Plan conducted a number of other activities during the year. One of the most important was the Natural Helpers training offered in two of the target schools. This program was developed to help adolescents deal with the problems they confront, problems with families, friends, school and drugs. The effects of these problems may show up in school as poor grades, absenteeism, and chemical use. The program uses the informal helping network in schools to train students and staff identified as "natural helpers." Training assists the Natural Helpers to provide information, referral, and help students make better choices. This kind of activity is extremely beneficial to the schools and the district. It encourages coordination between program and District resources and has the potential of affecting teacher and student attitudes throughout the middle schools and high schools.

Other prevention activities included referral and crisis intervention with families, coordination with "Here's Looking at You 2000" workshops, dissemination of alcohol and drug information at Open Houses and Parent Teacher Conferences, Project REACH prevention workshops, "Say No, Max" educational theatre, parent night presentations on refusal skills for students and resisting peer pressure, a "Say No To Drugs" student march, and drug-free school assemblies.

Curriculum Materials

The District Alcohol and Drug Specialist coordinated the design and development of three products for training and dissemination: *Guidelines for Facilitating the Personal Change Class, Recovery Support Groups*, and *Children of Alcoholics (COA) or Drug-Affected Families Groups*. These curriculum manuals detail the content and process for facilitating support groups. The documents, averaging from 60 to 150 pages each, were designed as facilitator's manuals for Personal Change (Insight) classes, Recovery groups, and COA groups. The manuals include a statement of philosophy, need, and goals for each support class. The extensive appendices provide sample forms, letters, and reports to guide service delivery with the particular student groups. The manuals are being piloted in training and support groups in middle school and high schools during 1988-89. Dissemination of these standards and guidelines for support groups to District middle

schools and high schools will continue under the Drug-Free Schools grant. Requests for dissemination of the curriculum training manuals have already been received from several Oregon school districts and the Oregon State Department of Education's Office of Alcohol and Drug Abuse Programs.

CONCLUSIONS

Substance abuse prevention among youth is a complex and difficult problem. The program benefited from the guidance of an experienced project director and showed evidence of effective planning and organization through its affiliation with the District's Alcohol and Drug Program. The Portland Plan developed an impressive professional level school-based prevention program based on sound principles of the disease of addiction, and the individual in the family system. There was a demonstrated need for the program's services in middle schools and high schools districtwide. The program recognized that a broad spectrum of community agencies is crucial to assist home and school in providing a consistent anti-drug message to children. The effectiveness of the Portland Plan helped to increase the number of school at-risk specialists for the 1988-89 school year. There are now similar positions in all middle schools through a new plan adopted by the district.

Implementation of an affective counseling curriculum is a matter of degree, subject to the capabilities of the individual staff. As such, there may be acceptable and unacceptable practices or errors and omissions, and yet the overall program can be satisfactory. In the District Specialist's judgment, the support groups were implemented about as well as could be expected by individuals attempting it for the first time in a school setting. The project director concludes that the program was extraordinarily well-accepted in the schools given the very late start, hiring of staff, and the short duration of the program. All of those interviewed felt it was impressive that the specialists had accomplished so much in such a short timeline.

The project's main problem appears to be the lack of involvement of parents and some students that it was supposed to serve. Some students dropped out of support groups seemingly because they were afraid to confront difficult issues; some parents refused

assessment, denying that their child had a problem requiring alcohol or drug treatment. Refusal of treatment services and denial are ongoing concerns in counseling programs.

Another issue on the negative side is the mismatch between the proposed program model and the reality of felt needs in the schools. While the program's expectations for who should be served were not met, students who were in need of service did receive services that were profoundly valuable to them. The program did adapt to the school environment, but the issue of mismatch should help to guide future plans with middle schools. Also on the negative side is the careless recordkeeping by the specialist at two sites; parent and agency contact logs were not completed and communications were unanswered.

The Portland Plan appears to have an effective alcohol and drug counseling component for individuals and groups of students. The evaluator concludes two modifications are needed in the evaluation process. First, indicators of change within the group intervention sessions should be sought. The presence of change indicators supercedes the lack of external evidence of change in participants. Second, the indicators of change should include a student interpretation of the counseling intervention, such as a student's progress log. The student's viewpoint is significant because, in the end, the change experience belongs to the individual student alone. These revisions may help to detect real change from the program.

RECOMMENDATIONS

Results from the Portland Plan for Drug-Free Schools Program indicate that the project implemented an extensive prevention program that was very well-accepted by the schools. The findings of the evaluation suggest that the Portland Plan program be continued and that:

1. The Alcohol and Drug Program establish procedures for assessing in-session change in students, e.g., the check-in process which begins group sessions might be used as an end of session check-out to measure in-session change.

2. The Alcohol and Drug Program establish guidelines for facilitating support groups and provide training in basic group facilitation skills.

3. Continued efforts be made to increase student and parent involvement in referral, assessment, and follow-up activities.

4. Student participation in the Portland Plan program be documented over time to determine the longitudinal impact of program participation.

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APPENDIX

A. Risk Factors for Substance Abuse

B. Stages of Concern Questionnaire

C. Alcohol/Drug Interview Questionnaire Summary Responses

D. Parent Contact Log and Agency Contact Log

E. Alcohol/Drug Discipline Policies

RISK FACTORS

Twelve risk factors for adolescent substance abuse have been identified by Drs. J. David Hawkins and Richard F. Catalano after extensive research findings in adolescent substance abuse.[1] These risk factors are:

1. Family History of Alcoholism
2. Family History of Criminality or Antisocial Behavior
3. Family Management Problems
4. Early Antisocial Behavior and Hyperactivity
5. Parental Drug Use and Positive Attitudes Towards Use
6. Academic Failure
7. Little Commitment to School
8. Alienation, Rebelliousness, and Lack of Social Bonding
9. Antisocial Behavior in Early Adolescence
10. Friends Who Use Drugs
11. Favorable Attitude Towards Drug Use
12. Early First Use of Drugs

1. From: Hawkins, J.D., Lishner, D.M., Catalano, R.F., Childhood Predictors and the Prevention of Adolescent Substance Abuse, in C.L. Jones and R.J. Battjes (eds.), Etiology of Drug Abuse: Evidence for Prevention. Washington, D.C., National Institute on Drug Abuse, aDM85-1385, 1985.

   Hawkins, J.D., Lishner, D.M., Catalano, R.F., Howard, M.O. Childhood Predictors of Adolescent Substance Abuse: Toward an Empiricially Grounded Theory. Journal of Contemporary Society, (in press).

POSSIBLE INDICATORS OF CHILDREN LIVING IN DRUG AND/OR ALCOHOL AFFECTED HOMES

Not all students with these characteristics will be from drug-affected homes. Look for an array of these characteristics in a child whose family situation is deteriorating as time passes and as the disease progresses.

ATTENDANCE BEHAVIOR

1. Morning tardiness, leaves immediately after school, concerned about getting home
2. Consistently absent or late on Mondays
3. Arrives early and appears not to want to leave school
4. Comes to school sick
5. Rarely or never absent

PHYSICAL

1. Lack of attention to personal hygiene and appearance
2. Does not have what he/she needs for school when it is needed (school supplies, proper clothing, etc.)
3. Frequent illness
4. Fatigue, listlessness

BEHAVIORAL

1. Perfectionist, fear of making a mistake
2. Inability to follow through on a task from start to finish
3. Hypercritical of self, lack of self-esteem
4. Avoids conflict and arguments -- nonassertive
5. Isolated; friendless
6. Hyperactive -- unable to concentrate
7. Sudden temper or emotional outbreaks
8. Fearful or guarded
9. Exaggerated concern with achievement and satisfying authority figures
10. Overreacts to criticism
11. Extreme loyalty to family and peers
12. Reluctant to talk about home or grandiose talk about home
13. Extreme concern about situations which may involve parents
14. Short attention span
15. Daydreamer; dull
16. Over- or under-responsive
17. Defensive; defies authority figures
18. Pseudo-adult; caretaker to other children
19. Gaps in social and basic life skills; guessing at what "normal" behavior may be.
20. Inconsistent and lying, even when it is just as easy to tell the truth
21. Lacks joy; inability to play and be spontaneous
22. Overreacts to change
23. Has not yet learned to plan and structure time
24. Poor problem solving skills
25. Responds well to crisis
26. Unwillingness to accept or acknowledge responsibility for own behaviors; projection of blame onto others
27. Difficulty delaying gratification
28. Constantly seeking approval and affirmation

POSSIBLE BEHAVIORS OF CHILDREN OF ALCOHOLICS DURING DRUG AND ALCOHOL AWARENESS ACTIVITIES

1. Extremely negative about alcohol.
2. Unable to think of healthy styles of drinking.
3. Equates drinking with getting drunk.
4. Great familiarity with types of drinks and other drugs.
5. Inordinant attention to alcohol in situations where drinking is marginal.
6. Normally active child becomes passive or vice versa.
7. Change in attendance patterns while alcohol/drug unit is being taught.
8. Lingering after activity to ask simple questions.
9. Mention of parents' drug use or drinking to excess.
10. Strong negative feelings about alcoholics.
11. Evident concern about genetic factor of alcoholism.

POSSIBLE INDICATORS OF CHILDREN WHO ARE USING DRUGS OR ALCOHOL

When assessing students, look for an array of behaviors.

1. red eyes; pallor (grey); poor complexion
2. runny nose
3. persistent cough
4. verbal rambling
5. tardy/truancy
6. sharp drop in grades
7. sharp change in friendship circle
8. personality changes or mood swings
9. distorted perception of time
10. apathy, "I don't care" attitude
11. memory gaps
12. acting out; criminal behavior
13. paranoia - fear of others inappropriate to situation

Concerns Questionnaire

Name (optional)_____

or

Last four digits of your Social Security No. _____ ____ ____ ____

The purpose of this questionnaire is to determine what you think about your responsibility with the Portland Plan for Drug-Free Schools (PPDFS) project. The questionnaire is designed for program facilitators, as well as for those with other responsibilities related to the project.

Because the questionnaire includes statements appropriate for diverse roles, some items may appear to be of little relevance to you. For completely irrelevant items, please circle "0" on the scale. Items which represent concerns you do have, in varying degrees of intensity, should be marked higher on the scale.

For example:

This statement is very true of me at this time.	0 1 2 3 4 5 6 (7)
This statement is somewhat true of me now.	0 1 2 3 (4) 5 6 7
This statement is not at all true of me now.	0 (1) 2 3 4 5 6 7
This statement seems irrelevant to me.	(0) 1 2 3 4 5 6 7

Please respond to the items in terms of your concerns or feelings about your involvement with facilitating the Portland Plan for Drug-Free Schools (PPDFS) project. Please think of it in terms of your own perceptions of what the project involves. Respond to each item in terms of your present concerns about your involvement with Portland Plan for Drug-Free Schools.

Thank you for taking time to complete this task. Please write any comments or questions you have about the items on the demographic page of the questionnaire.

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0 Irrelevant	1 Not true of me	2	3 Somewhat true of me	4	5 Very true of me now	6	7

1.	I would like more information about the purpose of the PPDFS project.	0	1	2	3	4	5	6	7
2.	I am more concerned about facilitating use of another innovation.	0	1	2	3	4	5	6	7
3.	I would like to develop working relationships with other administrators or specialists to assist the use of PPDFS.	0	1	2	3	4	5	6	7
4.	I am concerned because responding to demands of staff about the PPDFS takes so much time.	0	1	2	3	4	5	6	7
5.	I am not concerned about the PPDFS at this time.	0	1	2	3	4	5	6	7
6.	I am concerned about how my facilitation affects the attitudes of those directly involved with the use of the PPDFS.	0	1	2	3	4	5	6	7
7.	I would like to know more about the PPDFS.	0	1	2	3	4	5	6	7
8.	I am concerned about criticism of my work with the PPDFS.	0	1	2	3	4	5	6	7
9.	Working with administrators in facilitating use of the PPDFS is important to me.	0	1	2	3	4	5	6	7
10.	I am preoccupied with things other than the PPDFS.	0	1	2	3	4	5	6	7
11.	I wonder whether use of the PPDFS will help or hurt my relations with my colleagues.	0	1	2	3	4	5	6	7
12.	I need more information about and understanding of the PPDFS.	0	1	2	3	4	5	6	7
13.	I am thinking the PPDFS could be modified or replaced with a more effective program.	0	1	2	3	4	5	6	7
14.	I am concerned about facilitating use of the PPDFS in view of limited resources.	0	1	2	3	4	5	6	7
15.	I would like to coordinate my efforts with other change facilitators.	0	1	2	3	4	5	6	7
16.	I would like to know what resources are necessary to adopt the PPDFS.	0	1	2	3	4	5	6	7
17.	I want to know what priority my superiors want me to give the PPDFS.	0	1	2	3	4	5	6	7
18.	I would like to excite those directly involved with the PPDFS about their part in it.	0	1	2	3	4	5	6	7

0 Irrelevant	1 Not true of me	2	3 Somewhat true of me	4	5 Very true of me now	6	7

19.	I am considering use of another innovation that would be better than the PPDFS.	0	1	2	3	4	5	6	7
20.	I would like to help others in facilitating the use of the PPDFS.	0	1	2	3	4	5	6	7
21.	I would like to determine how to enhance my facilitation skills.	0	1	2	3	4	5	6	7
22.	I spend little time thinking about PPDFS.	0	1	2	3	4	5	6	7
23.	I see a potential conflict between facilitating PPDFS and overloading staff.	0	1	2	3	4	5	6	7
24.	I am concerned about be held responsible for facilitating use of the PPDFS project.	0	1	2	3	4	5	6	7
25.	Currently, other priorities prevent me from focusing my attention on PPDFS.	0	1	2	3	4	5	6	7
26.	I know of another innovation that I would like to see used in place of PPDFS.	0	1	2	3	4	5	6	7
27.	I am concerned about how my facilitating PPDFS affects those directly involved in using it.	0	1	2	3	4	5	6	7
28.	Communication and problem-solving relative to PPDFS take too much time.	0	1	2	3	4	5	6	7
29.	I wonder who will get the credit for implementing PPDFS.	0	1	2	3	4	5	6	7
30.	I want to know where I can learn more on PPDFS.	0	1	2	3	4	5	6	7
31.	I would like to modify my mode of facilitating the use of PPDFS based on the experiences of those directly involved in its use.	0	1	2	3	4	5	6	7
32.	I have alternate innovations in mind that I think would better serve the needs of our situation.	0	1	2	3	4	5	6	7
33.	I would like to familiarize other persons with the progress and process of facilitating the use of PPDFS.	0	1	2	3	4	5	6	7
34.	I am concerned about finding and allocating time needed for PPDFS.	0	1	2	3	4	5	6	7
35.	I have information about another innovation that I think would produce better results than the one we are presently using (PPDFS).	0	1	2	3	4	5	6	7

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SUMMARY OF SCHOOL COUNSELOR RESPONSES
PORTLAND PLAN FOR DRUG-FREE SCHOOLS EVALUATION

Alcohol and Drug Interview Questionnaire

1. DESCRIBE YOUR INTERACTION WITH THE PORTLAND PLAN PROJECT.

I have had lots of contact with the project during November to February. I met weekly with the (specialist) for orientation and advice. I monitored activities and student interaction. I identified COA students for groups.

My co-worker works with him more. He got off to a slow start and needed alot more time to get organized.

Our school CORE team meets weekly; the specialist meets with us. We look over concern cards and make decisions on assessments.

I meet daily with specialist when he's here.

2. WHAT ARE THE CHARACTERISTICS OF HIGH RISK STUDENTS IN YOUR SCHOOL?

Sixty percent of the students are from chemical use homes.

We do more crisis counseling here; incest, suicide, divorce, hard drug use, dysfunctional families, lowest SES, no adequate health care.

We see many unidentified COA students with using-abusing parents. Crack houses are proliferating in this neighborhood.

It's mostly a white student body with a small number of Asian, Black, and other minority students. It's a working class neighborhood. Drug-affected families are about 20% users.

Students are mostly white and from mixed SES families. Drug/alcohol affected kids are in the lower SES from broken homes, get little family support, have conflicts with stepparents, or are in chemically affected families. The at-risk intensity increases progressively from 6th to 8th grade; by 8th grade, it's crisis time. Half of the at-risk group is transient, highly mobile.

Primarily we serve 90% COA, 8% other, and 2% abusers (more at year end). At-risk kids are from low income, single family homes with known drug traffic in their neighborhoods and family use/abuse problems. The students are street-wise, not hard-core beyond hope, but they need this program.

Our students range from the high end of the SES spectrum (high achieving, have high expectations of self and take care of things at home) to the low achieving, low skills end. Girls are targeted more for help, but there is an equal distribution of need.

Mixture of risks; some hospitalized for suicide prevention and others just experimenting. They're a mixture of well-off and poor, white and minority students.

3. **WHAT ARE THE TARGET GROUPS IN YOUR SCHOOL--COA GROUPS, INDIVIDUALS, ASSESSMENT REFERRALS, OR PREVENTION?**

We primarily focus on COA students groups, then insight students. We work with the insight students individually. There is less drug use this year than three years ago. I believe its because middle schools kids are mostly experimenting with alcohol now. Few students use coke/crack.

We do an equal number of COA groups and prevention activities.

Our target groups are COA students and assessment referrals for alcohol use. I work individually with 1 girl in recovery and a few insight kids.

We see mostly COA groups and assessment referrals. I share the counseling role and tasks with (specialist). The student management specialist does the assessments; Portland Plan specialist has all COA group and Natural Helpers.

More COA groups than last year and insight/prevention. Assessment referrals are about the same as before. Each week (specialist) has an insight-prevention activity; 125-150 kids attend to hear a speaker or see a film.

COA groups and prevention mini-classes. Abstinence is our #1 goal. We give support and education on what is happening in their lives at home and school.

Prevention and crisis counseling.

65-70 COA students this year; last year it was 20. We have a group for children of Parents in Recovery also.

4. **TO WHAT EXTENT IS THE PORTLAND PLAN A SUCCESS IN YOUR SCHOOL?**

85% of the specialist's time is direct work with students. My staff does 5 COA groups, but we have a waiting list. Specialist does 3 more COA groups, so this picked up many students who need assistance and wouldn't get it.

Specialist did go to all the sixth grade classes and give presentations on prevention. Also he presented to the CORE team on how to sort out behaviors and talk to kids about their appearance/dress and how it relates to use.

I don't think we can do without it. Students have more success in school, with self and they'll ask for help much easier next year. Specialist intervened with a suicide. It increased service to kids. The difference is night and day from last year.

I don't think it is a success. We're not able to be successful in just 6 months; it's stupid to put staff in and take them away 6 months later. The project has much potential if given more time.

A 100% success.

I'd like to see the groups do more than just talk. They should go out to see the Detox Center, Burnside Skidrow, Children's Unit at the hospital, etc.

5. **HOW WERE TEACHERS IN YOUR SCHOOL ASSISTED BY THE PROJECT?**

The teachers are already very sophisticated about drug and alcohol problems. (Specialist) did make one presentation to the CORE team which was effective.

Teachers often make referrals to the program. Specialist helped explain who are appropriate students for referral and how to structure classroom time for at-risk students. Three teachers went to Natural Helpers training this year. Specialist instituted an Expression of Concern card for teachers to use and he sends follow-up information back to the teachers.

8 staff were trained in Natural Helpers by the specialist.

Teachers refer students directly to the specialist. Specialist spoke to our team leaders.

Informational meeting in Advisory Group as an introduction to the project.

Specialist is used regularly as a resource person by teachers. She supplements staff training with ideas on how to work with kids in the classroom. She has been in gym, health, social studies, guidance classes.

6. **WHAT INFORMATION/ASSISTANCE WAS PROVIDED TO PARENTS?**

I know (specialist) has done some work with a few parents.

I don't know.

Parent involvement is there when a student is in assessment. Other parents weren't involved when called by the school--it's a wall of denial.

25 parents came to a Natural Helpers awareness session.

Specialist is doing more in-person and telephone parent contact because few come to school. We had a consultant present suggestions on how parents can help their children resist peer pressure.

Met with GAFFDA parents. Specialist met with individuals to intervene in suspensions. Specialist goes into homes to meet with some parents.

Specialist provided reports to Citizens Advisory Committee, was a resource at Parent Refusal Skills Night, and did follow-up with individual families. She worked more with parents when asked by them for assistance.

7. **DOES YOUR SCHOOL HAVE A WRITTEN DRUG/ALCOHOL DISCIPLINE POLICY?**

3 middle school have written chemical use policies (Appendix).
3 other schools use the District discipline policy guidelines.

8. **WHAT ARE THE OUTCOMES OF THE PORTLAND PLAN IN YOUR SCHOOL?**

More students are being served. More classrooms have been reached that weren't reached last year.

With (specialist) we're more skilled and accurate in our assessment because of his expertise. We reached more kids and families. We can provide much greater service to COA students.

We may start to see grades and scores improve. Tommy got 3 F's and 2 D's second quarter, after group he got 3 B's and 2 C's this quarter. Kids are less angry, fewer fights, and better able to problem solve for themselves.

I'm real disappointed that they only funded this for 6 months.

Many students don't have a positive male role model in their lives, but they do in this program. We need more staff awareness of drug/alcohol issues.

We serve more kids with more comprehensive services. Staff are more aware of drug and alcohol issues.

These kids have multiple problems in their environment. This project gives them another support that wouldn't have been there. It increases self-worth.

9. **DOES THE PROGRAM INCREASE PARENT CONSENT FOR SERVICE, ASSESSMENT REFERRAL AND ASSESSMENT FOLLOW-THROUGH?**

That didn't happen here at our school.

There has been lots of follow-up with parents. Specialist tells parents directly what steps are next in the referral process.

It has happened. The specialist does home visits to parents.

Parent gives passive permission for student to participate in COA groups.

10. DID THE PORTLAND PLAN INCREASE PARTICIPATION OF TARGET GROUPS OF STUDENTS?

Yes, we have 3 extra COA groups for students.

Yes, COA and unidentified students.

Yes for COA students; to a lesser degree for insight kids.

Yes, a great deal.

Participation is different than last year. The COA group is new; we have fewer users this year, so no insight or recovery groups.

Yes, COA and Children of Parents in Recovery.

11. ARE ASSESSMENT REFERRALS UP OR DOWN FROM LAST YEAR? WHY?

Up this year. I feel this is because we have the new resource staff and we're asking the question of students, "Are you using? Do you need help"?

Down this year. The problem has changed. Perhaps the drug/alcohol curriculum in the elementary schools is working. The audience participation in the theatre group, "Say No, Max" is really excellent. Students are doing more thinking, drugs are not done as carelessly or thoughtlessly as a few years ago. Maybe all the national publicity against drugs is working.

Down this year. The emphasis is on unidentified students and prevention. This generation seems to focus on drinking rather than on drugs. It's usually weekend drinking so it is less observable in school.

About the same as last year, although recently it's up.

It' been down, but now it's picking up. It's happening later this year.

Down. Perhaps primary teachers are doing a better job at refusal skills and so we have fewer kids using as in past years. General awareness of dangers of substance abuse is up in society, so maybe it's working with the kids!

12. WHAT STRENGTHS OR WEAKNESSES DO YOU SEE IN THE PORTLAND PLAN?

A drug/alcohol program takes alot of time; we have 2 FTEs for counseling and it is not enough. So the specialist is a strength, especially because he is an expert in substance abuse and is a good role model.

The strength is that it helps us reach more kids and refer kids too. The weakness is that (specialist) is not here on a regular basis. It should be just mornings or just afternoons, rather than a mixed up schedule. Also it took too long to get started at the beginning of the school year.

A strength is willingness and acceptance of staff specialist to do teaming. Good to be in a school with the support of PPS District program. A weakness is that it's hard to start in November, it causes disruption in the school.

One strength is that we can see positive outcomes with kids. It's given a focus to a position to work with a group of children in the building. The specialist gives a focus on drugs and alcohol. The weaknesses are only having the specialist 2 1/2 days per week and staff funding for one year.

Strength is more education/prevention and more extensive use of Here's Looking At You 2000 curriculum. Also the support strength the students receive.

Expertise of the specialist is a strength. Weakness is health classes need to use Project PATH and Here's Looking At You-2000 and specialist can help them, but 2 1/2 days a week limits what can be done.

More support for the program by teachers; teachers need awareness of which students are in groups. Offer more mini-classes in advisory groups.

A strength is the flexibility of the program to meet the needs of individual students; it's not totally structured. A weakness is the lack of time or rather only half time staffing and no continuance of funding.

Specialist is an exceptional expert in the field. The program is not less work for me, but requires more coordination. This enriches and complicates my role. The benefit of the grant is that our school understands the need of these students much better.

13. **ADDITIONAL COMMENTS**

The specialist's inexperience in working with students and working in a school was a problem and slowed the start of the program. There is a lack of structure and organization in his program. The grant raised expectations of the faculty for a continued staff position for at-risk students.

The faculty is impressed by the specialist.

Parent involvement is important. The parents need information to counteract the misinformation they usually have about assessment.

Glowing comments by the staff about the specialist.

Staff appreciate the drug/alcohol expertise of the specialist.

Grades of some students are improving.

The project here is well-rounded, balanced. It offers prevention and crisis counseling and is non-threatening to students.

THE PORTLAND PLAN FOR DRUG-FREE SCHOOLS PROJECT
PARENT CONTACT LOG

Date	Parent/Guardian Name	Student Name	**Type of Contact**	**Initiated By**
_____	_____	_____	___ Phone ___ School ___ Home visit	___ Parent ___ Specialist ___ Other

School _____ **Specialist Name** _____

Reason(s):
___ 1) Status Report on Student
___ 2) Disciplinary Problem/School
___ 3) Disciplinary Problem/Home
___ 4) Recommendation for Assessment
___ 5) Recommendation for Support Group
___ 6) Follow-Up
___ 7) Poor Academic Performance
___ 8) Poor School Attendance
___ 9) Substance Abuse/School
___ 10) Substance Abuse/Home
___ 11) Student requested contact
___ 12) Other: _____

Comments: _____

_____

_____

_____

_____

_____

_____

Recommendation/Follow-up: _____

_____

_____

_____

THE PORTLAND PLAN FOR DRUG-FREE SCHOOLS PROJECT
AGENCY CONTACT LOG

Date	Agency Name	Type of Contact	Initiated By	Completed By
___	_____	___ Phone ___ At School ___ At Agency	___ Specialist ___ Agency ___ Other	_____

Reason(s):
___ 1) General Information on Agency
___ 2) Status Report on Student
___ 3) Disciplinary Problem
___ 4) Recommendation for Assessment
___ 5) Recommendation for Support Group
___ 6) Follow-Up
___ 7) Request for materials, brochures, resources
___ 8) Fundraising/Donation
___ 9) Other: _____

Comments: _____

_____

_____

_____

_____

_____

_____

_____

Result/Action: _____

_____

_____

_____

_____

Behavior expectations and disciplinary actions related to controlled substances are outlined in the Handbook on Student Responsibilities, Rights and Discipline, available from the Student Services Department (280-5790).

Students are expected to bring to school only those materials necessary for instructional programs. Students will not possess controlled substances or medication prescribed for another person while at school or at school events. Use of prescribed medication in school is defined by Board Policy 440.21 Section I.

Disciplinary actions are summarized in the chart below:

CONTROLLED SUBSTANCES (DRUGS/ALCOHOL)

Examples of conduct which violate expectation	Definition	Occurrence	Disciplinary action minimum to maximum
Possession/ Ownership and Use of Drugs/ Alcohol	+ possessing, having under one's control, or using any controlled substance or alcoholic beverage; possession or control means on one's person or in a locker, car, desk or hidden in any location on or adjacent to school property	Minor/First Serious/Rep.	3-4 5-5
Selling of Drugs/Alcohol	+ + selling, giving away or otherwise transferring to another person any controlled substance or alcohol; includes any transfer of a prescription drug or any substance alleged to be a drug regardless of its actual content	Minor/First Serious/Rep.	3-4 5-5
Use and /or Possession of Tobacco	using any form of tobacco on or adjacent to school property, except in a designated student smoking area. Use or possession of tobacco for elementary students (pre-kindergarten - 8th grade) is prohibited	Minor/First Serious/Rep.	1-3 3-3
Other Substances/ Materials	possessing, using or having under one's control any substances, materials or related paraphernalia which are dangerous to health or safety or disrupt the educational process		

*Disciplinary action levels are defined on pages 15 - 31

+ Principal may refer incident to school police
+ + Principal must refer incident to school police

* Disciplinary action levels are:
  - Action Level 1 - Conferences
  - Action Level 2 - Intervention Action
  - Action Level 3 - Suspension/Temporary Removal/Reassignment/ Referral
  - Action Level 4 - Expulsion/Reassignment/Referral
  - Action Level 5 - Mandatory Expulsion

FERNWOOD MIDDLE SCHOOL
CHEMICAL DEPENDENCY POLICY STATEMENT

It is the intent of the staff of Fernwood Middle School to keep Fernwood Middle School as free as possible from narcotics, hallucinogenic drugs, or intoxicants as well as the harmful effects that such substances may have on the lives of the students attending Fernwood Middle School. To this effect this policy has been adopted. It is also the intent to provide students, staff members, both classified and certified, and community members with an educational program which is preventative in nature designed to help students and staff who are having problems related to drugs or alcohol.

Fernwood Middle School recognizes chemical dependency as a medical problem that is treatable, but often preceded by misuse and abuse of mood altering chemicals. Further, misuse of chemicals is often characterized by inappropriate behavior. This inappropriate behavior is defined as manifesting signs of chemical misuse such as staggering, reddened eyes, odor of chemical, nervousness, restlessness, falling asleep in class, memory loss, abusive language, or any other behavior not normal for the particular student. Therefore it is the policy of Fernwood Middle School to take positive action through education, counseling, parental/guardian involvement and appropriate referral.

Any student of Fernwood Middle School who possesses, and or uses or is under the influence of narcotics or other hallucinogenic drugs or intoxicants on school premises shall be subject to suspension, expulsion, or other disciplinary action. Any student tho furnishes narcotics or other hallucinogenic drugs shall be recommended for expulsion. Each case of student under the influence or in possession of narcotics and/or other dangerous drugs shall be considered on its own merits as a unique problem requiring a unique decision by the school staff. Treatment and actions shall be based upon an attempt to deal with causes of behavior as well as the symptoms themselves.

40

Procedure for Dealing with Chemical Dependency

The following procedures have been developed to assist staff members and families in dealing with inappropriate behavior resulting from the misuse of mood altering chemicals and identifying possible chemical dependency.

If staff has reason to believe that student behavior is inappropriate, and that the behavior may be caused by use of chemicals the following steps will be taken:

A. Staff will notify the Principal/Student Management Specialist/Counselor.

B. The Principal/Student Management Specialist will notify the Counselor to observe the student and determine if a medical emergency exists and take appropriate action if necessary.

C. The Counselor will ask staff to complete a "Confidential Request for Information" form and forward it to the Counselor in a sealed envelope.

D. If an emergency does not exist, a meeting will be held as soon as possible after data has been assembled to determine if chemical use is indicated. If it is decided that chemical use (under the influence of) is evident then the steps outlined under Consequential Procedures will be followed.

Consequential Procedures

I. POSSESSION/USE/UNDER THE INFLUENCE OF ALCOHOL OR DRUGS AT SCHOOL.

A. First offense

1. The Principal will suspend the student for five (5) days.
   a.) First day at home; b.) Second through fifth day In School Suspension.

2. The Principal will notify parents/guardians in writing of the suspension.

3. The Principal/S.M.S. will contact parents/guardians to arrange a conference. Prior to the conference, step #4 will be completed.

4. The Principal/S.M.S. will notify the Counselor.
   a. The Counselor will ask staff members to complete a "Confidential Request for Information" form and forward it to the Counselors Office in a sealed envelope.

   b. The Counselor will ask the parent(s)/guardian(s) to complete and return the "Confidential Family Questionnaire."

   c. The Counselor will reconvene the Alcohol/Drug Core Team to review data and recommend an action plan. This action can include but is not necessarily limited to:

      (1) Fernwood Middle School Chemical Use/Abuse Seminars.
      (2) Mainstream Chemical Use/Abuse Workshop.
      (3) Chemical Dependency Evaluation
          a. Mainstream Youth Programs, Inc.
          b. CODA (Comprehensive Option for Drug Abusers)
          c. Adolescent Counseling Program
          d. NARA (Native American Rehabilitation Association)
          e. Kaiser Mental Health-Alcohol and Drug Program
          f. Adolescent Care Unit - Physicians and Surgeons Hospital
      (4) Monitoring by Case Manager
      (5) Assign to in-school support group

5. A full conference will then be held, and a decision made as to the plan of treatment acceptable to the school administration and within the capacity of the parent(s)/student.

6. Upon reaching agreement on a treatment plan, the school administration, student and parent/guardian will outline treatment and conditions for re-entry into the school system, if appropriate. The document will outline a course of on-going aftercare. Further this agreement will include a recommended plan of family counseling for members of the students family.

7. The parent(s)/guardian(s) will be asked to sign an "Authorization for the Release of Information" form.

8. When a treatment plan is signed, suspension will be reduced to 2 days.
   a.) First day at home; b.) Second day In-School Suspension Room.

B. Second Offense

1. The Principal will suspend the student for 5 days pending investigation for possible expulsion.
   a.) Two days at home; b.) Three days In School Suspension (providing evaluation agreed to by parent/guardian.

2. The Principal will notify the parent/guardian in writing of suspension.

3. The Principal/S.M.S. will contact the parent(s)/guardian(s) to arrange a conference. Prior to the conference, step #4 will be completed.

4. The Principal/S.M.S. will notify the Counselor.
   a. The Counselor will ask staff members to complete a "Confidential Request for Information" form and forward it to the Counselors Office in a sealed envelope.

   b. The Counselor will ask the parent(s)/guardian(s) to complete and return the "Confidential Family Questionnaire."

   c. The Counselor will reconvene the Alcohol/Drug Core Team to review the data. The recommended treatment plan will include a Chemical Dependency Evaluation by one of the following:
      i. Mainstream
      ii. CODA
      iii. Adolescent Counseling Program
      iv. NARA
      v. Kaiser Mental Health-Alcohol and Drug Program
      vi. Adolescent Care Unit

      The recommended treatment plan may also include any of the following:
      i. Fernwood Middle School Chemical Use/Abuse Seminars
      ii. Mainstream Chemical Use/Abuse Workshop
      iii. Monitoring by Case Manager
      iv. Assign to school support group

5. A full conference will then be held, and a decision made as to the plan of treatment acceptable to the school administration and within the capacity of the parent(s)/student.

6. Principal will recommend expulsion unless the following is followed:

   a. The student must agree to be evaluated by a trained Chemical Dependency Counselor or a licensed physician trained in Chemical Dependency for a professional opinion concerning use/misuse/addiction.

   b. The contacted agency or office will notify the school Principal the client has made contact and is willing to comply with the appropriate treatment process. Based on the data that the student is being evaluated and appropriate procedures agreed upon are being followed, the student will not be recommended for expulsion.

C. Third Offense

1. The Principal will suspend the student for 5 days with intent to expel.

2. The Principal will follow due process procedure for expulsion hearing.

II. SUPPLYING/SALE OF CHEMICALS (DRUGS/ALCOHOL).

A. Supplying or selling chemicals will result in a five day suspension with intent to expel.

B. The Principal will follow due process procedure for expulsion hearing.

C. The Principal/S.M.S. will refer the case to the Portland Public Schools Police Department for court referral.

D. The Principal/S.M.S. will notify the Counselor.

1. The Counselor will ask staff members to complete a "Confidential Request for Information" form and forward it to the Counselors Office in a sealed envelope.

2. The Counselor will ask the parent(s)/guardian(s) to complete and return the "Confidential Family Questionnaire."

3. The Counselor will convene the Alcohol/Drug Core Team to review data and recommend an action plan. This action plan can include but is not necessarily limited to the following:

   a. Chemical Dependency Evaluation
      i. Mainstream Youth Programs, Inc.
      ii. CODA
      iii. Adolescent Counseling Program
      iv. NARA
      v. Kaiser Mental Health - Alcohol and Drug Program
      vi. Adolescent Care Unit

   b. Alcohol/Drug Intervention

   c. Treatment

DISCIPLINE POLICY
Gregory Heights Middle School

1.5 Possession, Use, or Passing of Drugs, Alcohol, and Tobacco

Possession, use, or passing of illicit drugs, alcohol and/or tobacco on or about school premises is prohibited. Offenders may be suspended, subject to an investigation to consider expulsion, and/or encouraged to participate in a drug and alcohol assessment.

-- Gregory Height's Middle School Student Handbook, 1987-88

WHITAKER MIDDLE SCHOOL

BEHAVIOR CHART

This chart identifies some behaviors and the level at which disciplinary action may begin. The severity of the behavior always determines the immediate step taken.

	1	2	3	4
1. ALCOHOL/DRUGS/TOBACCO: The use of alcohol, drugs or tobacco on the person or in that person's locker or being under the influence of alcohol or drugs.				X

* - Discretionary Actions
** - Mandatory Actions

STEP 1 **Classroom teacher: Teacher confers with student and uses appropriate action**

- ** The teacher warns or conferences with the student.
- ** Student is placed in a time-out area to write a Behavior Plan (own classroom, another classroom).
- * Allows student to choose classroom time-out.
- * Consult parents/guardian on a plan of action.
- * Refer to counselor.
- * Assign classroom consequences.

STEP 2 **Time-out Center: Student is sent to time-out center for remainder of class.**

- ** Notify parents (mandatory by the classroom teacher)
- ** If necessary, only certified staff will remove a student from the classroom.
- * Student writes an acceptable Behavior Plan.
- * Conference scheduled with teacher/student/assistant principal during teacher planning.
- * Class exclusion - The student is denied the right to attend a particular class for a maximum of two days.
- * Conference scheduled with teacher/student/parent (asst. principal optional).
- * Detention assigned.
- * Refer to counselor.

STEP 3 **Teacher Referral: Student reports to the team leader's office.**

- * Minor Suspension (parent notified by phone, letter or home visit)
- * Minor Exclusion (parent notified by phone, letter or home visit)
- * Staffing.
- * Begin a Daily Progress Report which will go home each day.
- * Refer to counselor/social worker/nurse or appropriate authorities.
- * Assign consequences (noon/after school detention, and discretionary consequences listed in Steps 1-2-3).
- * Refer to counselor.

STEP 4 **Team Leader Referral: Student reports to the assistant principal's office.**

- * Any options listed in Steps 1-2-3.
- * Minor suspension.
- * Major suspension.
- * Expulsion.
- * Alternative schedule.
- * Consult appropriate authorities (school police, drug and alcohol counseling, C.S.D., Juvenile Court, counseling services, social worker).
- * Refer to counselor.